	·			·	į	8	05	24.	· 04
PATEN			DETERMIN tober 1, 2000	IATION REC	ORD			Docker N	umber
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMAL TYPE	L ENTITY		OTHE	R THAN	
AL CLAIMS		15			RAT	E FEI	OF		L ENTITY
···		NUMB	ER FILED N	IUMBER EXTRA	BASIC			RATE	
I CHARCEARIE CLAVIC			OWBEN EXTRA	BASIC	FEE 385.	OF OF	BASIC FE	E 770.00	
		15 1	minus 20= *		XS 9	=	OF	X\$18=	
ENDENT			minus 3 =		X43:	=	OR	X86=	
PLE DEPENDENT CLAIM PRESENT			+145	=	OR				
edifferenc	ce in column 1 i	s less than	zero, enter "0"	in column 2	TOTA	L	OR	TOTAL	170
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMAL	L ENTITY		OTHER	R THAN ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT Y EXTRA	RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE
al	•	Minus	gre.	=	X\$ 9=		OR	X\$18=	, , , ,
ependent	•	Minus	***	=	X43=				
IST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				A43=	-	OR	X86=		
					+145=		OR	+290=	
	(Column 1)		(Column 2)	(Column 3)	ADDIT. FE		OR,	TOTAL ADDIT. FEE	
	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
1 .	•	Minus	**	=	X\$ 9=		OR	X\$18=	
pendent	•	Minus	***	=	X43=			V96-	
T PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR X43=									
					+145=		OR	+290=	
TOTAL OR TOTAL ADDIT. FEE									
(Column 1) (Column 2) (Column 3)									
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	•	Minus	**	=	X\$ 9=		OB	X\$18=	

		(Column 1)		(Column 2)	(Column 3)
MENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	•	Minus	916	=
	Independent	*	Minus	***	=

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the difference in column 1 is less than zero, enter "0" in column 2

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

TOTAL CLAIMS

TOTAL CHARGEABLE CLAIMS

MULTIPLE DEPENDENT CLAIM PRESENT

INDEPENDENT CLAIMS

FOR

AMENDMENT A

AMENDMENT

Total '

Independent

Total

Independent

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	X\$ 9=		OR	X\$18=	
	X43=		OR	X86=	•
	+145=		OR	+290=	
ADDIT. FEE			OR	TOTAL ADDIT: FEE	